

## **STATE BOXING COMMISSION- JOB DESCRIPTION**

### **POSITION TITLE:**

Deputy Boxing Commissioner

### **QUALIFICATIONS:**

Deputy Boxing Commissioners must possess the following qualifications:

1. Former boxer, former manager, former trainer, former second, former judge, former referee, or other significant experience in the sport of boxing.
2. A proven and demonstrated record of experience in and knowledge of the sport of boxing.
3. Willingness and ability to travel to fight locations across Massachusetts.

### **DUTIES AND RESPONSIBILITIES:**

Deputy Boxing Commissioners assist the State Boxing Commission in its oversight of professional and amateur boxing shows in the Commonwealth of Massachusetts. The duties of Deputies include, but are not limited to:

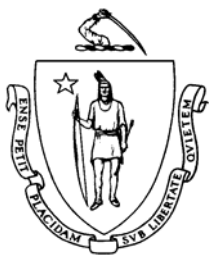
- Attendance at, and oversight of, pre-fight weigh-ins to check and issue licenses and weighing in fighters
- Attendance at boxing shows to verify the proper use of protective equipment and proper preparation for fights including proper wrapping of fighters' hands and proper gloving of fighters, and performance of a safety inspection of the boxing ring.
- Verification of proper licensing of participants at boxing events
- Inspection of boxing venues for compliance with state safety regulations and ensuring all emergency equipment is in place
- Enforcing all rules and regulations of the Commission
- Ensuring order and safety around the boxing ring during events
- Counting and monitoring the collection of tickets at the entrance to an event
- Computation and collection of any taxes owed to the Commonwealth from the promoter
- Other boxing related duties as directed by the Commission.

### **TERMS OF APPOINTMENT:**

Deputies serve at the pleasure of the State Boxing Commission for a term of two years.

### **PERFORMANCE EVALUATION:**

Deputies are evaluated on (1) attendance; (2) punctuality; and (3) performance of their duties. Dereliction of duty in any of these areas is grounds for immediate termination of appointment as a Deputy.



*The Commonwealth of Massachusetts*  
*Department of Public Safety*  
*State Boxing Commission*  
*One Ashburton Place, Room 1301*  
*Boston, Massachusetts 02108-1618*  
*Phone (617) 727-3200*  
*Fax (617) 727-5732*

**APPLICATION FOR DEPUTY COMMISSIONER**

Please Type or Print Legibly With Ball Point Pen.

Each section of this application must be answered completely.

NAME \_\_\_\_\_  
First Middle initial Last

ADDRESS \_\_\_\_\_  
Street City State Zip

DAYTIME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Street City State Zip

EMPLOYER'S TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

-Please describe your work experience in professional or amateur boxing and note any licenses held.

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-Please explain why you are interested in serving as a Deputy Commissioner.

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-Please attach a copy of a legible government issued photo identification bearing your signature.

**I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge.**

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Signature of applicant

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Date